RI SOS Filing Number: 202564713460 Date: 2/10/2025 4:00:00 PM

State of Rhode Island							FILED		
Department of State - Business Services Division						FE	FEB 1 0 2025		
Annual Report for the year: 2025  Corporation							A		
Filing period: February 1 - May 1						BY_	46 Tr	)	
→ Filing Fee. \$50.00								<del>S</del>	
Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  2. Exact name of the Corporation									
DOGOOD 577 ALBA REALTY, INC.									
3. Principal Office Address				City	1 · ·				
10 Old Jenckes Hill Road				Lincol		RI	0	2865	
4. NAICS Code		Brief description of the character of business conducted in Rhode Island							
531390	Real Estate								
5 State of Incorporatio									
Rhode Island									
7. List ALL officers (names and addresses)  Check the box to indicate an Vice-President Name  Vice-President Name								ment 🗆	
Aldo A. Albanese					Teena M. Bertrand				
Street Address 37 East Lantern Road				Street Address 30 Pine Crest Drive					
City Smithfield		State RI	<sup>Zip</sup> 02917	City Gloo	cester	State F	اج ا 2 ا	2857	
Secretary Name Chris M. Albanese				Treasurer Name Chris M. Albanese					
Street Address 10 Old Jenckes Hill Road				Street Address 10 Old Jenckes Hill Road					
City Lincoln		State RI	<sup>Zip</sup> 02865	City Lincoln		State R	(I   Zip	2865	
8 List ALL directors (names and addresses)					Check the box to indicate an attachment □				
Director Name Aldo A	Director Name Teena M. Bertrand								
Street Address 37 Eas	Street Address 30 Pine Crest Drive								
City Smithfield Sta		Stale RI	<sup>Zip</sup> 02917	<sup>City</sup> Glocester		State	(1 Zip	2857	
Orrector Name Chris M. Albanese				Director Name None					
Street Address 10 Old Jenckes Hill Road				Street Address					
City Lincoln		State RI	<sup>Žip</sup> 02865	City		State	Zıp	)	
C Shares Authorized			10. Shares Issu				ate an aliach		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF	SHAKES_	C.ASS/SERIES		No Par		
11 This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.									
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and									
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative							Date		
Chris M. Albanese							102/02/2025		
Signature of Authorized			Tresum						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov